Form DCC-4804

Transmittal for Magnetic Media Reporting of Currency Transactions

Internal Use						
Receipt Date	DCN Range Beg:	•				
Virus Check	End:					

Type of files represented by transmittal Production Test Replacement					ent	Transmitter control code (TCC) assigned by IRS to the transmitter organization		
	. Type of documents being filed ☐ 4789-CTR ☐ 8362-CTRC ☐ 8852-CTRCN ☐ Other							
4a. Name and address of Filer (street, city,state, zip code)						5a. Name and address of organization transmitting magnetic media (street, city, state, zip code)		
	o. Employer Identification number of Filer					5b. Employer Identification number of Transmitter		
6a. Name and address of person to contact about magnetic media files (street, city, state, zip code)						6b. Title		
						6c. Telephone number (include area code)		
	Name and address of are to be returned (if o			ia files				
	Coverage Period: Beginning Date(MMDI	DYY)			Reno	Ending Date(MMDDYY)		
	Medium	Minaellanaa	- infano-1i	1	Керо	 	Bool / Contribut Number	
	Magnetic Tape	Miscellaneou	9-track		6250 BPI only	Recording Mode EBCDIC only	Reel / Cartridge Number	
	Cartridge	Standard Label			18 track 36 track	EBCDIC only		
Single sided/Single Single sided/Double Double sided/Double		ble Density		31/2" 51/4"	ASCII only	N/A		
If mo	ore than one Filer is be	eing reported, ple	ease use form 4	802.				
10a.	Number of docume	ents for Filer (Iter	n 4).			10b. Total number	r of documents transmitted.	
The	authorized agent of the	e Filer may sign	if all conditions	are m	et as sta	ted in the, Magnetic Medi	a Reporting Instructions.	
belie: atten	f it is correct and com	nplete. In the ca numbers from th	se of document	s with	ansmittal, out recip	ient's identifying numbers	documents, and to the best of my knowledge and s, I have complied with the requirements of the law in ments filed during this reporting period except for	
Signa	ature				Title		Date	